

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

## STATE OF UTAH DEPARTMENT OF COMMERCE PETE SUAZO UTAH ATHLETIC COMMISSION APPLICATION FOR LICENSURE

### CONTESTANT

#### APPLICATION INSTRUCTIONS AND INFORMATION

**General Statement:** The Department of Commerce desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Department will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Department will be sent to that address. It is your responsibility to directly notify the Department of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Annotated, which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

#### Supporting Documents and Fees:

1. Submit a certificate verifying that you are HIV negative, dated not later than 180 days prior to the contest. (13-33-405(1), Utah Code Annotated).
2. Submit a copy of your drivers license, passport, or birth certificate clearly indicating that you are 18 years of age or older. (13-33-301(5)(a), Utah Code Annotated).
3. Submit the "Certificate of Physical Examination," dated not more than 60 days prior to the date of the application. (13-33-301(5)(d), Utah Code Annotated).
4. Submit the \$27.00 non-refundable application processing fee for a contestant license. (13-33-301(5)(c), Utah Code Annotated).
5. Submit an accurate history of all matches engaged in since becoming a contestant, including information on whether the applicant won or lost each contest, and the matches in which there was a knockout or technical knockout. (13-33-301(5)(e), Utah Code Annotated).
6. Submit to the commission written acknowledgement of receipt, understanding, and intent to comply with the laws and rules of unarmed combat in the State of Utah. (13-33-301(5)(g), Utah Code Annotated).

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

## Additional Important Information:

1. **Laws and Rules:** You are required to understand all Utah laws and rule pertaining to unarmed combat.

The following applicable laws and rules are available on the Internet at <http://www.commerce.state.ut.us>.

You may also purchase the applicable laws and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- Pete Suazo Utah Athletic Commission Act (UCA, Title 13, Chapter 33)
- Pete Suazo Utah Athletic Commission Act Rules

2. **Age Requirement:** Applicants must be 18 years of age or older at the time of the contest to compete as a contestant. (UCA, 13-33-301(5)(a)).
3. **License Renewal:** The Contestant License is for a two-year period and expires December 31 of the even year.
4. **Updating Address Information:** It is the licensee's responsibility to maintain a current address with the commission. If your address is incorrect, you will not receive renewal notices or other correspondences.

## Make Licensure Fee Payable To:

The Utah Department of Commerce

## Mail Complete Application To:

### By U.S. Mail

Pete Suazo Utah Athletic Commission  
P.O. Box 146701  
Salt Lake City, Utah 84114-6701

### By Delivery or Express Mail

Pete Suazo Utah Athletic Commission  
160 East 300 South, 2<sup>nd</sup> Floor Administration Reception Desk  
Salt Lake City, Utah 84111

**Telephone Number:** Richard Weinsoft (801) 530-6491

**Fax Number:** (801) 530-6446

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

## APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

### GENERAL INFORMATION

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PUBLIC MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

### DO NOT WRITE IN THIS SECTION – FOR DEPARTMENT USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

## CONTESTANT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. All blanks must be filled in.

1. \_\_\_\_\_ Have you ever applied for a license or received a license to practice in a licensed profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice in a licensed profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
3. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license to practice in a licensed profession while under investigation or while action was pending against you by any licensing agency, or criminal or administrative jurisdiction?
4. \_\_\_\_\_ Is any disciplinary action pending against you now by any licensing agency?
5. \_\_\_\_\_ Are you aware of any physical or mental condition that would prevent you from safely participating in boxing or any other unarmed combat, that has not been cleared by a physician?
6. \_\_\_\_\_ Within the last six months, have you used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substance Act?

**If you answer “Yes” to question 7 or 8 you must include with your application a copy of a police report, the court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past 10 years.**

7. \_\_\_\_\_ Have you ever been arrested for, or charged with, a misdemeanor or felony charge in any jurisdiction during the last 10 years?
8. \_\_\_\_\_ Have you ever plead guilty to, no contest to, or been convicted of a misdemeanor or a felony in any jurisdiction?

If you answered “Yes” to any of the above questions, please enclose with this application complete information with respect to all the circumstances and the final result, if such has been reached.

A “Yes “ answer does not necessarily mean that you will not be granted a license; however, additional documentation may be required by the Division if the information submitted is insufficient.

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

## CONTESTANT PHYSICAL EXAMINATION

**Note: The Contestant physical must be dated not more than 60 days prior to the date of the application for licensure, and be completed by a licensed physician and surgeon.**

### TO BE COMPLETED BY THE APPLICANT:

Name: \_\_\_\_\_ Ring Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Trainer/School: \_\_\_\_\_

### FIGHT HISTORY:

Number of Amateur Fights: W \_\_\_\_\_ L \_\_\_\_\_

Number of Professional Fights: W \_\_\_\_\_ L \_\_\_\_\_ Draw \_\_\_\_\_

Date of Most Recent Loss: \_\_\_\_\_

Number of Times You Have Been Knocked Out: \_\_\_\_\_

### TO BE COMPLETED BY THE PHYSICIAN:

Physician's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

APPLICANT'S MEDICAL HISTORY: Has the applicant ever had any of the following.  
(Answer "Yes" or "No")

<input type="checkbox"/> Swollen Joints	<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Spitting of Blood	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Seizures	<input type="checkbox"/> Convulsions (fits)	<input type="checkbox"/> Corrected Vision
<input type="checkbox"/> Blurred Vision	<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Pinched Nerve
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Fatigue Easily	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Rupture (Hernia)	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Eye Injury
<input type="checkbox"/> Heart Murmurs	<input type="checkbox"/> Frequent Headaches	
<input type="checkbox"/> Treated for Mental Disease		

Previous Operations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

## PHYSICAL EXAMINATION:

General Appearance \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Temperature \_\_\_\_\_

Face (scars) \_\_\_\_\_ Mouth \_\_\_\_\_ Teeth \_\_\_\_\_ Tonsils \_\_\_\_\_ Neck \_\_\_\_\_

Pulse at Rest \_\_\_\_\_ Blood Pressure at Rest \_\_\_\_\_

Ears \_\_\_\_\_ Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Abdomen \_\_\_\_\_

Nose \_\_\_\_\_ Hands \_\_\_\_\_ Skin \_\_\_\_\_ Neuro \_\_\_\_\_

Eyes \_\_\_\_\_ Enlarged Glands \_\_\_\_\_

Serology: HIV: \_\_\_\_\_ (Copy of original report required)

EKG (36 years or older): \_\_\_\_\_

Female Athletes: Days Since Last Menstrual Period: \_\_\_\_\_ Pregnant: Yes No Maybe

I have examined the above named subject and find him/her in  
\_\_\_\_\_ **Satisfactory** \_\_\_\_\_ **Unsatisfactory** condition to participate and be licensed as a contestant. I  
hereby declare under penalty of perjury, that the foregoing history is true and correct. I realize that any  
misrepresentation in said history may result in disciplinary action.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# UTAH DEPARTMENT OF COMMERCE

Form PSUAC – O2

## AFFIDAVIT AND RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting documentation is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting documentation is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Department in conjunction with this application or its supporting documentation meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Department or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure, certification, or registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_